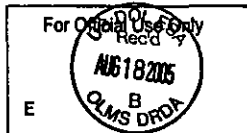


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9835</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>BARBARA</u> <u>A</u> <u>CARROLL</u> P O Box Bldg Room No If any <u>                    </u> Street <u>32-03 150 ST</u> City <u>FLUSHING</u> State <u>NEW YORK</u> ZIP Code + 4 <u>113543245</u>	4 Name file number and address of labor organization Name <u>ASSOC OF THEATRICAL PRESS AGENTS &amp; MANAGERS</u> Labor Organization File Number <u>18302</u> <u>049343</u> P O Box Building and Room Number If any <u>                    </u> Street <u>1560 BROADWAY</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10036 2501</u>
5 Position in labor organization <u>BOARD OF GOVERNORS</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>I AM MY OWN WIFE</u> Trade Name if any <u>9/2 NIKO COMPANIES</u> P O Box Bldg Room No If any <u>*900</u> Street <u>234 W 44 ST</u> City <u>NEW YORK</u> State <u>NY</u> ZIP Code + 4 <u>10036</u>	7 a Nature of Interest, Transaction or Income <u>TONY VOTER TICKETS X 2</u> 7 b Amount <u>\$200.00</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

*Barbara Carroll*

On

8/8/05  
Date

718 353 0218

Telephone Number

*OK*

*5/8 PM*  
*4/23*  
*2 hrs*



c/o Niko Companies  
234 West 44<sup>th</sup> Street, Suite 900  
New York NY 10036  
(212) 382- 3410 (212) 382-3548 fax

January 13, 2004

Dear Tony Voter

I am pleased to invite you and a guest to attend a performance of **I AM MY OWN WIFE** written by **Doug Wright** directed by **Moises Kaufman** and starring **Jefferson Mays**. The production design team includes settings by **Derek McLane**, lighting by **David Landér**, costumes by **Janice Pytel** and sound by **Andre J Pluess**.

**I AM MY OWN WIFE** is playing at the Lyceum Theater 149 W 45<sup>th</sup> Street

Tony Voters are invited to attend performances now through February 29<sup>th</sup>. Our performance schedule is Tuesday through Saturday at 8pm, Wednesday and Saturday at 2pm and Sunday at 3pm.

To reserve your tickets, please call James Lawson at 212 382-3410 x26 Tuesday-Friday between 3pm and 5pm or email him at [jlawson@nikocompanies.com](mailto:jlawson@nikocompanies.com)

Please note that this invitation is non-transferable and seating may be limited at certain performances.

I look forward to seeing you at **I AM MY**

Sincerely,

David Richenthal

LYCEUM THEATRE	ALYCIA042304E
149 WEST 45TH STREET NYC	
I AM MY OWN WIFE	COMP
8:00 PM FRI	\$0.00 *
APR 23, 2004	COMP CP
MALYC1006-0421-W67F	ORCHO
*INCLUDES \$0.00 FACILITY FEE	
COMPLIMENTARY	D 4
MALYC1006-0421-W67F	ORCHO
*INCLUDES \$0.00 FACILITY FEE	
COMPLIMENTARY	D 2

SUBJECT TO TERMS AND CONDITIONS ON REVERSE SIDE.